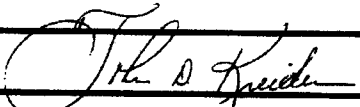

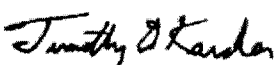



<b>ENGINEERING CHANGE PROPOSAL (ECP), PAGE 1</b>				1. DATE (YYMMDD) 2004-08-24		Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES, RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.						2. PROCURING ACTIVITY NO. R04S3033	
						3. DODAAC	
4. ORIGINATOR		b. ADDRESS (Street, City, State, Zip Code) AMSRD-AAR-AIC-F, Rock Island, IL 61299		5. CLASS OF ECP 1			
a. TYPED NAME (First, Middle Initial, Last) John D. Kreider				6. JUST. CODE C		7. PRIORITY R	
8. ECP DESIGNATION				9. BASELINE AFFECTED			
a. MODEL / TYPE Ammo	b. CAGE CODE 19200	c. SYSTEM DESIGNATION M939 Tracer, M882 Ball		<input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> ALLOCATED		<input checked="" type="checkbox"/> PRODUCT	
d. ECP NO.		e. TYPE F	f. REV	10. OTHER SYS / CONFIG AFFECTED			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. SPECIFICATIONS AFFECTED				12. DRAWINGS AFFECTED			
	CAGE Code	Specification/Document No.	Rev	SCN	CAGE Code	Number	Rev NOR
a. SYSTEM						12631028	C
b. DEVELOPMENT						12913962	A
c. PRODUCT							
13. TITLE OF CHANGE Change the dash numbers for the Cartridge Tray.							
14. CONTRACT NO. AND LINE ITEM				15. PROCURING CONTRACTING OFFICER			
				a. NAME (First, Middle Initial, Last)			
				b. CODE		c. TELEPHONE NO.	
16. CONFIGURATION ITEM NOMENCLATURE						17. IN PRODUCTION	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
18. ALL LOWER LEVEL ITEMS AFFECTED							
a. NOMENCLATURE Packing & Marking for Box, Paperboard for Cartridge, 9mm				b. PART NO. 12631028		c. NSN	
19. DESCRIPTION OF CHANGE Change the dash numbers for the Cartridge Tray.							
20. NEED FOR CHANGE ECP R9S2012 updated the vendor list for the Cartridge Tray, P/N 9362803, however, the next assembly drawing was not modified to reflect these changes.							
21. PRODUCTION EFFECTIVITY BY SERIAL NUMBER NA				22. EFFECT ON PRODUCTION DELIVERY SHCHEDULE NA			
23. RETROFIT							
a. RECOMMENDED ITEM EFFECTIVITY NA				b. SHIP / VEHICLE CLASS AFFECTED NA			
c. ESTIMATED KIT DELIVERY SCHEDULE NA				d. LOCATIONS ON SHIP / VEHICLE NUMBERS AFFECTED NA			
24. ESTIMATED COSTS / SAVINGS UNDER CONTRACT NA				25. ESTIMATED NET TOTAL COSTS / SAVINGS NA			
26. SUBMITTING ACTIVITY				b. TITLE			
a. AUTHORIZED SIGNATURE 				General Engineer			
27. APPROVAL / DISAPPROVAL							
a. CLASS I		b. CLASS II		c. CLASS II			
<input type="checkbox"/> APPROVAL RECOMMENDED <input type="checkbox"/> DISAPPROVAL RECOMMENDED		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> CONCUR IN CLASSIFICATION OF CHANGE <input type="checkbox"/> DO NOT CONCUR IN CLASSIFICATION OF CHANGE			
d. GOVERNMENT ACTIVITY				e. SIGNATURE		f. DATE SIGNED (YYMMDD)	
g. APPROVAL <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED				h. GOVERNMENT ACTIVITY TIMOTHY D. KARCHER Comp Mgr (Actg), CM and Lifecycle Int Spt to Fld Sys Div		i. SIGNATURE 	
						j. DATE SIGNED (YYMMDD) 10 September 2004	

<b>NOTICE OF REVISION (NOR)</b>		1. DATE (YYMMDD) 2004-08-24	Form Approved OMB No. 0704-0188
THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED			
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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.		3. DODAAC	
4. ORIGINATOR	b. ADDRESS (Street, City, State, Zip Code)	5. CAGE CODE 19200	6. NOR NO.
a. TYPED NAME (First, Middle Initial, Last) John D. Kreider	AMSRD-AAR-AIC-FM, Rock Island, IL 61299	7. CAGE CODE 19200	8. DOCUMENT NO. 12631028
9. TITLE OF DOCUMENT Packing & Marking for Box, Paperboard for Cartridge, 9mm	10. REVISION LETTER		11. ECP NO.
	a. CURRENT C	b. NEW D	R04S3033
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES M882 9mm Cartridge			
13. DESCRIPTION OF REVISION			
<p>Zone H-8, Packaging Components</p> <p>Change from: "... 9362803 -1, -2, -3, or -4 ..."</p> <p>Change to: "... 9362803 -3 or -5 ..."</p> <p>Zone H-6, Packaging Instructions</p> <p>Change from: "... (9362803 -1, -2, -3, or -4) ..."</p> <p>Change to: "... (9362803 -3 or -5) ..."</p> <p>Zone C-5, figure</p> <p>Change from: "Tray, Cartridge (9362803 -1, -2, -3, or -4)"</p> <p>Change to: "Tray, Cartridge (9362803 -3 or -5)"</p>			
14. THIS SECTION FOR GOVERNMENT USE ONLY			
a. (X one)	X	(1.) Existing document supplemented by this NOR may be used in manufacture.	
		(2.) Revised document must be received before manufacture may incorporate this change.	
		(3.) Custodian of master document shall make above revision and furnish revised document.	
b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT AMSRD-AAR-AIS-CM		c. TYPED NAME (First, Middle Initial, Last)	
d. TITLE TIMOTHY D. KARCHER Comp Mgr (Actg), CM and Lifecycle Int Spt to Fld Sys Div	e. SIGNATURE 		f. DATE SIGNED 10 September 2004
15a. ACTIVITY ACCOMPLISHING REVISION	b. REVISION COMPLETED (Signature)		c. DATE SIGNED

<b>NOTICE OF REVISION (NOR)</b>		1. DATE (YYMMDD) 2004-08-24	Form Approved OMB No. 0704-0188
THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED			
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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.			3. DODAAC
4. ORIGINATOR	b. ADDRESS (Street, City, State, Zip Code)	5. CAGE CODE 19200	6. NOR NO.
a. TYPED NAME (First, Middle Initial, Last) John D. Kreider	AMSTA-AR-CCL-FS, Rock Island, IL 61299	7. CAGE CODE 19200	8. DOCUMENT NO. 12913962
9. TITLE OF DOCUMENT Packing & Marking Crtg, 9mm Practice, Tracer M939	10. REVISION LETTER		11. ECP NO.
	a. CURRENT A	b. NEW B	R04S3033
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES M939 Tracer Cartridge			
13. DESCRIPTION OF REVISION  Change Note 2,  Change from: "Load Cartridge Tray - 9362803 -1 thru -4 ..." Change to: "Load Cartridge Tray - 9362803 -3 or -5 ..."  Zone B-3,  Change from: "Tray, Cartridge - 9362803-1, 9362803-2, 9362803-3, 9362803-4" Change to: "Tray, Cartridge - 9362803-3, 9362803-5"			
14. THIS SECTION FOR GOVERNMENT USE ONLY			
a. (X one)	<input checked="" type="checkbox"/> (1.) Existing document supplemented by this NOR may be used in manufacture. <input type="checkbox"/> (2.) Revised document must be received before manufacture may incorporate this change. <input type="checkbox"/> (3.) Custodian of master document shall make above revision and furnish revised document.		
b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT AMSRD-AAR-AIS-CM		c. TYPED NAME (First, Middle Initial, Last)	
d. TITLE TIMOTHY D. KARCHER Comp Mgr (Actg), CM and Lifecycle Int Spt to Fld Sys Div	e. SIGNATURE 		f. DATE SIGNED 10 September 2004
15a. ACTIVITY ACCOMPLISHING REVISION	b. REVISION COMPLETED (Signature)		c. DATE SIGNED